FORM APPROVED AC 150/5100-19 (Appendix 1)

| OMB NO. 2120-0569 11/30/2007 Operating and Financial Summary | | | |
|--|---------------|--|----------------------------|
| - | rating and in | Fiscal year end date | |
| Please use Helvetica, 7 point font Airport Name | | Location ID | |
| Sponsor Name | | State | |
| Sponsor Employer Identification Number | | Date when AIP was last audited as a major program | |
| Consolidated Report? Enter Yes or No | | Is this report based on audited information? Please enter Yes or No | |
| Conconduct report. Ellier 100 of 110 | | to the report based on addition information. I leader which had on the | |
| Summary of Revenues and Expenses | | E. Non-Operating Expenses | |
| A. Aeronautical Operating Revenue | | Interest expense | |
| 1. Landing fees | | 2. Other | |
| Terminal/international arrival area rental or other charges | | Total | \$ |
| 3. Apron charges/tiedowns | | | |
| 4. FBO revenue: contract or sponsor-operated | | F. Depreciation | |
| 5. Cargo and hangar rentals | | | |
| 6. Aviation fuel tax retained for airport use | | Net (Total A+B+C Less D, E and F) | |
| 7. Fuel sales net profit/loss or fuel flowage fees | | | |
| 8. Miscellaneous (not to exceed 5% of Aeronautical) | | Other Financial Information | |
| Other (enter total here and add attachment) | | G. Reporting Year Proceeds | |
| Total | \$ | Bond proceeds | |
| | | Proceeds from sale of property | |
| B. Nonaeronautical Operating Revenue | | Contributed capital | |
| 1. Land and non-terminal facilities | | 4. Other | |
| 2. Terminal - food and beverage | | Total | \$ |
| 3. Terminal - retail stores | | | |
| 4. Terminal - other | | H. Reporting Year Expenditures for Projects | |
| 5. Rental cars | | 1. Airfield | |
| 6. Parking | | 2. Terminal | |
| 7. Misc. (Should not exceed 5% of total non-aeronautical) | | 3. Parking | |
| 8. Other (Enter total here and add attachment) | _ | Roadways, rail and transit | |
| Total | \$ | 5. Other | |
| | | Total | \$ |
| C. Nonoperating Revenues | | 1 | |
| Interest income - restricted and non-restricted | | I. Reporting Year Debt Payments | |
| 2. Grant receipts | | | |
| 3. Passenger Facility Charges | | J. Indebtedness at End of Year | |
| 4. Other Total | ¢ | 1. Bonds | |
| i otali | φ | Loans Other | |
| D. Operating Expenses | | 3. Other Total | ¢ |
| Operating Expenses Personnel compensation and benefits | | Total | Ψ |
| Communications and utilities | | K. Net Assets | |
| Supplies and materials. | | r. Net Assets | |
| Supplies and maintenance Repairs and maintenance | | L. Restricted Financial Assets | |
| Contractual services | | 1 | |
| Contractual services Insurance, claims and settlements | | Restricted debt service reserve Restrictions for renewals and replacements | |
| 7. Misc (should not exceed 5% of total op expenses) | | Nestrictions for renewals and replacements Other restricted financial assets | |
| 8. Other | | Total | \$ |
| Total | \$ | 10.0 | * |
| Total | | M. Unrestricted Financial Assets including cash | |
| | | · | |
| In compliance with section 47107(a) of the Title 49 United States Code and section 111(b) of the Federal Aviation Administration certify that the information on this form is true and accurate to the best of my knowled | | | f my knowledge and belief. |
| Authorization Act of 1994, please complete this form in order to assist the public in understanding airport finances and the | | , | , |
| use of airport generated revenue. | | | |
| Airport Mailing Address: | | Signature | Date |
| | | | |
| | | Printed name | Telephone No. |
| | | | • |
| | | Title | |
| Paperwork Reduction Act Statement: The information collected on this form facilitates the submission of operating and financial summary data. Section 111(b) requires the Secretary of Transportation to issue a simplified format for reporting data applicable to Airports to assist | | | |
| in public understanding of airport finances and to provide information concerning the amount of revenue surplus, the amount of concession-generated revenue, and other information required by the Secretary. The burden for each response is estimated to be 5 hours. Responses | | | |
| are required to obtain a benefit. No assurance of confidentiality is given. Please note that an agency may not conduct | | | |
| associated with this collection is 2120-0569. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20. | | | |